

Rancho Bernardo High School

Associated Student Body

Community Service

(NAME OF ORGANIZATION)

Name of community service: _____

Time (EX. 7:00am-11:30am): _____

Attendance: _____

Advisor overseeing: _____

Description of community service: _____

I agree that the above information is true and accurate.

(President's Signature)

(Date)

(Advisor's Signature)

(Date)